FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER AS FILED 2nd AMENDMENT IND. IND. DEP. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. TOTAL TOTAL IND. **(2)** TOTAL DEP. TOTAL DEP. TOTAL CLAIMS BEST AVAILABLE COPY

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